

## Section of Dermatology

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Dr. BARBER (in reply) said that, not knowing the cause, he had no rational treatment to offer, but small doses of iodine seemed to cure the itching and to hasten involution of the lesions.

With regard to the histology, he had collected many serial sections from a number of these cases. Clinically, he regarded the present case as typical lichen nitidus. On looking at the discrete papules—best seen on the lower abdomen—and at the condition in the antecubital fossæ and popliteal spaces, it would be agreed, he thought, that no other diagnosis was possible.

With regard to the microscopical sections, in this case the appearances were not so typical as in other cases he had had of the condition, the reason being that in the section he was now showing there was marked hyperkeratosis over the nodule. Though such hyperkeratosis might occur, as McDonagh had pointed out, it was not usually so definite as in the present case. The thickening of the granular layer referred to was more evident than was usual in lichen nitidus. But even in these sections one saw the apparent eating away of the epidermis by the lichen nitidus infiltration, which was not seen in lichen planus. In lichen planus the epidermis was thickened (acanthosis).

### Lupus Erythematosus of the Scalp, associated with Scars of Old Papulo-Necrotic Tuberculide Lesions and of Erythema Induratum on the Arms and Legs.<sup>1</sup>

By H. W. BARBER, M.B.

MRS. C. P., aged 41.

*Personal History.*—When an infant patient had an operation for enlarged cervical glands; the scar is still present. At the age of 19 she again had enlarged cervical glands, and at this time there were recurring cutaneous lesions on the arms and legs. The lupus erythematosus of the scalp has been present for about four years.

*Present Condition.*—A well-marked chilblain-circulation, skin of arms and legs being bluish, even when she is at rest in bed; face also dull bluish-red; numerous staphylococcal pustules on the rosaceous area.

On the *forearms*, particularly around the elbows, and extending down the ulnar border, are numerous pitted scars of varying size, suggestive of a former eruption of papulo-necrotic tuberculide.

On the *legs*, around and below the knees, are similar scars, and above the ankles larger ones, suggestive of the deeper subcutaneous lesions of erythema induratum.

On the *scalp* there is an extensive eruption of lupus erythematosus.

Numerous hard discrete glands are palpable in both triangles of the neck.

On admission to hospital the patient had very severe oral sepsis, which has been treated.

*Wassermann reaction*: Negative.

*Complement-fixation Test for Tubercle*: Negative.

*Von Pirquet Reaction* (Dr. Eyre): 64 per cent. + +, 16 per cent. +, 4 per cent. nil, 1 per cent., nil.

*X-ray Examination of the Chest* shows calcified nodules at the apex of the right lung and increased fibrosis at the right root.

This case might be cited in favour of the tuberculous origin of lupus erythematosus, but it should be remarked (1) that both lupus erythematosus and the papulo-necrotic tuberculide eruptions occur chiefly in persons with a chilblain-circulation, and their co-existence in the same person, which is not very common, does not necessarily indicate that they are due to the same infection; (2) that in this patient the tuberculide lesions occurred when the tuberculosis of the cervical

<sup>1</sup> This case should be compared with one shown by Dr. Dowling at the last Meeting of the Section.

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glands was evidently active—over twenty years ago—whereas the lupus erythematosus appeared only four years ago. The cervical glands, although still palpable, are hard and discrete, and the focus at the apex of the right lung is calcified; (3) that although the von Pirquet reactions are positive, indicating merely that the patient has had tuberculous infection, which is clinically obvious, the complement-fixation test for tubercle is negative.

### **Xanthoma.**

By J. A. DRAKE, M.D.

PATIENT, female, aged 47.

Since August 19, 1926, xanthomatous lesions have been present at inner and outer canthus of both eyes, on the back of the neck and upper part of the chest, that is on exposed surfaces of the skin. Complains of recurrent abdominal pain and nausea, and has had jaundice.

No evidence of diabetes.

Blood cholesterol 338 mgm. per cent., i.e., about twice the normal percentage.

Nothing of importance on abdominal examination.

Dr. F. PARKES WEBER said that he used the term, "sheet-like xanthoma," for large flat xanthomatous areas on the neck and adjacent parts (as in the present case), hardly raised above the level of the normal skin. This sheet-like xanthoma occurred chiefly in cases of very chronic obstructive jaundice, for instance, in so-called hypertrophic biliary cirrhosis ("Hanot's disease"). In Dr. Drake's present case there had, according to the patient, been previously jaundice, and there was probably some chronic hepatic or grave metabolic disease present. The high blood-cholesterol, reported by Dr. Drake, was an important point, and he (Dr. Weber) would like to learn the subsequent course of the case.

### **Lupus Disseminatus.**

By J. A. DRAKE, M.D.

PATIENT, male, aged 23. Underwent operation for enlarged cervical glands when a boy.

*Present Condition.*—Patches of lupus of various sizes on the face, neck, back and limbs. Very soft and succulent. Diffuse brown infiltration found on diascopy.

### **Epithelioma Adenoides Cysticum.**

By G. B. DOWLING, M.D.

R. F., MALE, aged 22, has on his face a large number of small projecting round tumours, varying in size from a pin's head to a pea. Most of the larger tumours are agglomerated in the naso-genial furrows where they form a confluent mass. In colour the tumours are pearly white, with a faint pinkish tinge; they are translucent. A few of the larger tumours are slightly umbilicated. Occasional milium-like bodies can be seen on the surface of these larger tumours and elsewhere on the face. There is an increased degree of ordinary seborrhœa. The lesions are of five or six years' duration, having first appeared when the patient was about the age of puberty.

Histological section shows bunches and cords of epithelial cells in appearance identical with those of basal-cell carcinoma, usually encircling cavities, some of which contain the remains of a hair. The appearance suggests that the tumour may be arising from the sheaths of the hair follicles or from the sebaceous glands connected with it.